



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-533-9336 Email: Health@montgomerynj.gov

ROCKY HILL TEMPORARY RETAIL FOOD APPLICATION

FEE: \$50.00

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

DATE(S) OF EVENT: _____ TIME OF EVENT: _____

ADDRESS OF EVENT SITE: _____

ALL FOOD TRUCKS **MUST PROVIDE** A COPY OF THEIR MOST RECENT HEALTH DEPARTMENT INSPECTION REPORT FROM THE TOWN WHERE THEY ARE BASED IN. ☐ Check box if included

COMPLETE THE FOLLOWING: *(Answer all Questions - Both sides of Form)*

MENU

What kind of meats or poultry will be served?

What kind of fish or shellfish will be served?

What kind of salads?

What kind of beverages?

What kind of desserts?

Any other foods not previously listed?

HOW SERVED

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

While transporting food to the event, explain how you will ensure cold foods maintain 41° F or below & hot foods 135° F or above (i.e: coolers w/ ice packs, insulated containers, etc)

During the Event:

Method for keeping cold foods at 41° F or below: ☐ refrigerator ☐ freezer ☐ ice chest ☐ other (explain) ☐ N/A

Method for keeping hot foods at 135° F or above: ☐ steam table ☐ grill ☐ sternos ☐ other (explain) ☐ N/A

Method used to protect foods on display: ☐ sneeze guards ☐ display cases/covers ☐ other (explain) ☐ N/A

Off-Site Facilities:

Food for the event will be purchased from: _____

* Name & Address of where any food will be stored or advanced food prep for the event will be performed (i.e. restaurant or commissary):

* Preparation of food in a “home kitchen” is strictly forbidden without a Cottage Permit from the NJDOH. If you have a Cottage Permit, a copy must be included with application.

If you are cooking with propane or any open flame you to need to contact the Borough Fire Official for a separate permit.

I hereby certify that all the above listed information is correct and I fully understand that any deviation from the above without prior permission from the Montgomery Township Health Department may nullify this permit.

Print Name

Signature (of Applicant)

Date

RETURN APPLICATION (w/ FEE) to:
Borough of Rocky Hill – Clerks Office
P.O. Box 188 Rocky Hill, NJ 08533
(make checks payable to: Borough of Rocky Hill)

FOR HEALTH DEPARTMENT USE ONLY

Date Received: ____/____/20____ License Number: _____

Date Issued: ____/____/20____ Approved By: _____

Revised: 04-01-2023